



Kari M. Bruffett, Secretary  
Audrey Sunderraj, Interim Commissioner

Sam Brownback, Governor

December 28, 2015

PROVIDER NUMBER: 17E528

Mr. Gary Burkdoll, Administrator  
Countryside Health Center  
440 SE Woodland Avenue  
Topeka, KS 66607-2172

### **LICENSURE AND CERTIFICATION SURVEY - RESULTS OF SURVEY**

On December 22, 2015 a Health recertification survey was concluded at your facility by the Kansas Department for Aging & Disability Services (KDADS) to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found the most serious deficiencies in your facility to be a "G" level deficiency, isolated, with no actual harm with potential for more than minimal harm that is not immediate jeopardy.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

### **Enforcement Remedies**

Based on the deficiencies cited during your survey and in accordance with sections 1819(h) and 1919(h) of the Social Security Act and 42 Code of Federal Regulations 488.417(b), the following enforcement remedies will be imposed:

Denial of payment for new Medicare/Medicaid admissions effective March 22, 2016 if substantial compliance is not achieved by that time.

Termination of your provider agreement effective June 22, 2016, if substantial compliance is not achieved by that time.

**NOTE: The above remedies are subject to change if substantial compliance is not achieved following subsequent visits per CMS Revisit Policy dated May 3, 2001.**

### **Substandard Quality of Care**

Your facility's noncompliance with F223 "F" CFR 01-483.13(b), F250"F", CFR 01-483.15(g)(I), F323"F" CFR 01-483.25(h) has been determined to be Substandard Quality of Care as defined at CFR 488.301. Sections 1819(G)(5)(C) and 1919(G)(5)(C) of the Social Security Act and 42 CFR 488.325(H) require that we notify the State Board responsible for licensing the facility's administrator of the substandard quality of care. Your facility's Medical Director and the attending physician of each resident who was found to have received substandard quality of care should be notified.

Please note that Federal law, as specified in the Social Security Act 1819(F)(2)(B) and 1919(f)(2)(B) prohibits approval of nurse aide training and competency evaluation programs (NATCEP) and nurse aide competency evaluation programs (CEP) offered by or in a facility which has been subject to the following: an extended or partial extended survey; assessment of a Civil Money Penalty of not less than \$5000.00; a Denial of Payment

for new Medicare/Medicaid admissions; or termination. If any of these situations occur, **NATCEP** is to be denied and you will be so advised in a separate notification.

### **Plan of Correction (POC)**

**At the conclusion of the survey, you were provided a CMS-2567L (Statement of Deficiencies) which listed the deficiencies found at this survey. You should submit your Plan of Correction online at [www.kdads.ks.gov](http://www.kdads.ks.gov). An acceptable Plan of Correction will constitute a credible allegation of compliance. The Plan of Correction must contain the following in order to be acceptable:**

Your plan of correction must be documented on the CMS-2567L forms provided to you at the exit conference, and contain the following:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice.
- Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not recur.
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: (the facility must develop a plan for ensuring that correction is achieved and sustained) and,
- Include the dates corrective action was completed.

### **Allegation of Compliance**

Failure to achieve substantial compliance in accordance with your plan of correction may result in the imposition of additional remedies, retroactive to the survey exit date. These remedies may continue until substantial compliance is achieved or your provider agreement is terminated. If your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed .

### **Informal Dispute Resolution (IDR)**

In accordance with CFR 488.331, you have one opportunity to question newly identified deficiencies or a different example of a previously cited deficiency through an informal dispute resolution (IDR). You may also contest scope and severity assessments for deficiencies which resulted in a finding of substandard quality of care or immediate jeopardy. To be given such an opportunity, you are required to send five copies of your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute substandard quality of care or immediate jeopardy).

Audrey Sunderraj, Interim Commissioner  
Kansas Department for Aging & Disability Services  
612 S. Kansas Avenue  
Topeka, KS 66603

KDADS must receive your written request for IDR within 10 calendar days of your receipt of the statement of deficiencies. An incomplete IDR process will not delay the effective date of any enforcement action.

If you have any questions concerning the instructions contained in this letter, please contact me at (785) 368-7055.

A handwritten signature in black ink, reading "Irina Strakhova". The script is cursive and fluid, with the first name "Irina" and last name "Strakhova" clearly distinguishable.

Irina Strakhova  
Enforcement Coordinator  
Survey, Certification and Credentialing Services  
Kansas Department for Aging & Disability Services

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Susan Fout, Regional Manager, KDADS  
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